

MONTROSS-WESTMORELAND SEWER AUTHORITY

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RECEIVED

AUG 12 2008

PRO

August 11, 2008

Ms. Denise M. Mosca
Environmental Specialist II
Department of Environmental Quality
4949-A Cox Road
Glen Allen, Va. 23060

Re: VPDES application - winter and summer temperature waiver request.

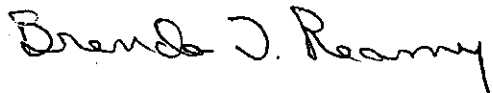
Dear Ms. Mosca:

In response to your July 17, 2008 e-mail, Mr. Finch researched the records from 2007 to present and found temperatures for the effluent on Bench Sheets that were changed in 2007 to record the effluent temperature. Enclosed please find information on the enclosed page 6 of the Form 2A Application. After this information is included with our application, this should resolve the issue. According to Mr. Finch, your assumption related to 8 hour composite samples and the 24 hour holding time in the equalization basis are correct.

As you know, the Authority no longer exists and Mr. Norm Risavi is the contact person. I will be delivering the file on the application for discharge permit renewal to Mr. Risavi today.

I have enjoyed working with you and appreciate all your assistance.

Yours truly,



Brenda T. Reamy

enc.

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☐ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal **Original** _____ %Design SS removal **Poor Quality** _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☐ No

- d. Does the treatment plant have post aeration?

☐ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: _____

PARAMETER		UNIT		WINTER		SUMMER		NUMBER OF SAMPLES
pH (Minimum)		S.U.						
pH (Maximum)		S.U.						
Flow Rate								
Temperature (Winter)		10.3	Celsius	9.2	Celsius			3
Temperature (Summer)		26.1	Celsius	25.4	Celsius			3
* For pH please report a minimum and a maximum daily value								
POLLUTANT		MAXIMUM DAILY DISCHARGE		ANALYTICAL METHOD		ANALYTICAL METHOD		ML/JMDL
		Conc	Unit	Conc	Unit	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)								
END OF PART A								
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE								